MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	51						
1	1						52						
2		1					53						
3		1					54						
4		1					55						
5		1					56						
6							57						
7							58						
8							59						
9							60						
10							61						
11		1					62						
12							63						
13	1						64						
14							65						
15							66						
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41							92						
42							93						
43							94						
44							95						
45							96						
46							97						
47							98						
48							99						
49							100						
50													
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	11						TOTAL DEP.						
TOTAL	13						TOTAL						